

PART B - FEE(S) TRANSMITTAL

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59906 7590 08/07/2008

Saul Ewing, LLP
TVWORKS, LLC
1500 MARKET STREET
38th Floor
PHILADELPHIA, PA 19102

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(Depositor's name)

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(Date)

APPLICATION NO.	FLING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/500,698	02/09/2000	Brian Bulkowski	TVW/APPI9US	2973

TITLE OF INVENTION: BROADCAST DISTRIBUTION USING LOW-LEVEL OBJECTS AND LOCATOR TABLES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$0	\$0	\$720	11/07/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS				
SHINGLES, KRISTIE D	214I	709-218000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 1 Saul Ewing LLP
2 Stephen J. Driscoll
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

TVWORKS, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PHILADELPHIA, PENNSYLVANIA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 504364 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Stephen J. Driscoll/

Date September 15, 2008

Typed or printed name Stephen J. Driscoll

Registration No. 37564

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